	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: IIA1
	Title:	Motion to Approve an Outdoor Patio Permit for Vintage 53 located at 162 S 1 st Street, Unit C	
	Presenter:	Chief Keegan, Police Department	
Meeting: City Council		Date: May 15, 2017	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>This item went before the April 17, 2017 Government Operations Committee for Vintage 53 requesting permission to have an outdoor patio located on public property boundaries outside of his business. There was discussion from the Council members with concern of the size and depth of the patio being located on the sidewalk outside of his business on 1st Street; that it might impair pedestrian movement in having to walk around a light pole to get down the street.</p> <p>It was asked by Chairman Stellato if Mr. Grado could place tape on the ground so Council members could stop by and take a look of the layout size of this proposed patio.</p> <p>Mr. Grado complied and has since submitted his sidewalk café application along with drawings of the patio size (attached in this packet). This submission was vetted by Community Development to ensure compliance with the American with Disabilities Act and our local code concerning ingress/egress. The attached site drawing was approved by Mr. Bob Vann.</p> <p>Vintage 53 has also changed their liquor classification from a Class C to a Class B license to comply with the City Code: Class B-1 licenses shall authorize the retail sale of alcoholic beverages for consumption on the premises of a restaurant and tavern which will allow his business to have a patio on 1st Street.</p>			
Attachments <i>(please list):</i> Sidewalk Café Application Patio Drawings			
Recommendation/Suggested Action <i>(briefly explain):</i> Motion to approve an Outdoor Patio Permit for Vintage 53 located at 162 S 1 st Street, Unit C.			

CITY OF ST. CHARLES
Annual Application
Sidewalk Cafe, Food Cart & Sidewalk Sign in Public Places



DIVISION: Building & Code Enforcement

PHONE: (630) 377-4406

FAX: (630) 443-4638

Application Date: 4/14/17 **Parcel No.** _____ **Permit No.** _____

PLEASE PRINT ALL INFORMATION

Property Address: 162 S. 1st Street

Name of Business at this location: Vintage 53

I hereby apply for permission to place the following on public property: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sign | <input checked="" type="checkbox"/> Enclosure fencing |
| <input checked="" type="checkbox"/> Tables & Chairs | <input type="checkbox"/> Food cart(s) |
| <input type="checkbox"/> Table Umbrellas | <input type="checkbox"/> Other: _____ |

Note: Applicants are responsible for any permits required by the Illinois Department of Transportation (IDOT) for locations within the state right of way (Routes 64, 25, & 31).

Check List for Submittal of Application:

- ☐ Annual Permit Application – Completely Filled Out.
- ☐ Two-2 Copies of site plan with dimensions showing:
 - Sidewalk/walkway/plaza width & length
 - Building wall & entrance
 - Light poles, benches & trash containers
 - Trees & tree grates
 - Bicycle racks & newspaper boxes
 - Proposed location of tables, chairs, food cart & sign
- ☐ Certificate of Worker's Compensation Insurance (as and if required by Illinois Statutes) – required when service is provided to customers in public places.
- ☐ Certificate of Comprehensive General Liability Insurance, with limits of at least \$2-million per occurrence and for any single injury, naming the City of St. Charles as co-insured or additional insured.
- ☐ Sidewalk Sign - \$30.00 annual fee
- ☐ Sidewalk Café/Food Cart CBD-1 Zoning District - \$50.00 annual fee
- ☐ Sidewalk Café – First Street TIF District - \$50.00 annual fee (1st Application)
- ☐ Sidewalk Café – First Street TIF District - \$25.00 annual fee (2nd Application)

Owner of the Property:

Name: First Street Development II, LLC

Address: 409 Illinois Ave

City/State/Zip Code: St. Charles, IL 60174

Telephone NO. 630-443-9393

Applicant:

Name: Mario Grado

Address: 450 S. 1st Street

City/State/Zip Code: St. Charles, IL 60174

Telephone NO. 630-536-4560

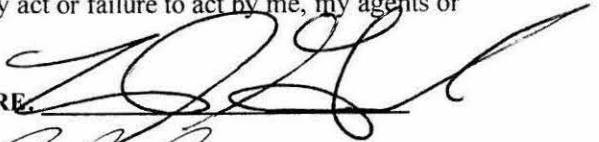
If approved, this permit allows for the use of the public sidewalk, walkway or plaza contiguous to the business at the above address for the uses indicated above, as shown on the approved site plan. **I understand and acknowledge** that this permit constitutes a revocable license for the use of public property. **I have read and agree to fully abide by** the requirements of this permit and of Section 12.04.102 and 12.04.104 of the St. Charles Municipal Code.

I further agree to indemnify and defend the City from and against any and all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses, consequential or otherwise, including reasonable attorney's fees, which may in any way arise out of or be connected with the granting of this permit or which may in any way result therefrom, or from any act or failure to act by me, my agents or employees.

PRINT NAME:

Mario Grado

SIGNATURE:



AUTHORIZED SIGNATURE OF PROPERTY OWNER:
(if different from Applicant)



REPORT OF BUILDING OFFICIAL

Remarks: _____

Sidewalk Sign valid through December 31 _____ (year)

Sidewalk Café/Food Cart CBD-1 Zoning District valid April 1 through October 31 of _____ (year)

☐ Sidewalk Café – First Street TIF District (1st Application) April 15th through July 23rd of _____ (year) or
2nd application July 24th through October 31st _____ (year) (100 days or less)

Accepted: _____ Rejected: _____ Date: _____

Signed: _____

For Office Use

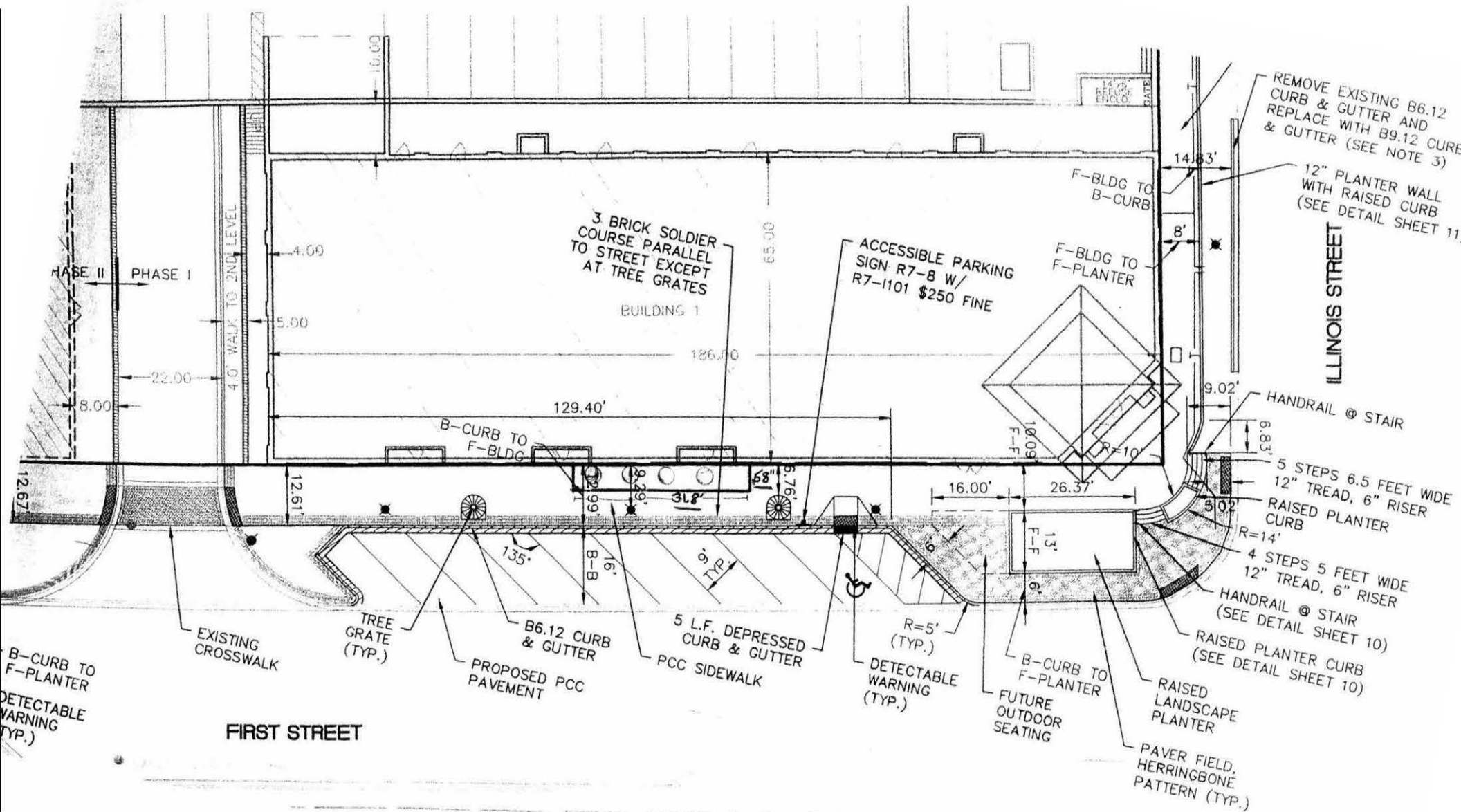
Received

4/14/2017

Fee Paid \$

Receipt #

Check #





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wine Sergi Insurance 1000 E. Warrenville Road Suite 101 Naperville IL 60563		CONTACT NAME: PHONE (A/C, No, Ext): 630-513-6600 E-MAIL ADDRESS: nicolec@winesergi.com		FAX (A/C, No): 630-513-6399
INSURED VINTA01 Vintage53 162 S First St. St. Charles IL 60174		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Northfield Insurance Company		
		INSURER B : Princeton Excess & Surplus		
		INSURER C : Employers Preferred Insurance		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 864582016

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			WS267415	12/1/2016	12/1/2017	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			WS267415	12/1/2016	12/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
B	UMBRELLA LIAB			82A3FF000169000	12/1/2016	12/1/2017	EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EIG2438290	12/1/2016	12/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Liquor			WS267415	12/1/2016	12/1/2017	\$1,000,000 Ea Cause \$2,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**City of St. Charles
2 East Main Street
St. Charles IL 60174

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Vintage 53

Revised outdoor seating plan

RECEIVED
APR 28 2017
Building & Code Enforcement
St. Charles, IL

129.40'

RB TO
-BLDG

main door

patio door

6.76'

5 ft

62'

5 ft

5 ft

135°

16'
B-B

TYP. 6'

51 F NEEDLE

RECEIVED
APR 28 2017
Building & Code Enforcement
St. Charles, IL

RECEIVED
APR 28 2017
Building & Code Enforcement
St. Charles, IL

